

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016489

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

214

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF0499
20499

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USE BLACK INK
OR
TYPEWRITER RIBBON

FILED APR 23 1963

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN JoplinLength of stay in 1b
50 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2019 DelawareInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Joplin

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2019 DelawareReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
BUD

Middle

Last
SPENCER

4. DATE OF DEATH

Month Day Year
April 18, 19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-21-18939. AGE (last birthday)
69IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Gate Guard10b. KIND OF BUSINESS OR INDUSTRY
Eagle-Picher Co.11. BIRTHPLACE (City and state or country)
Goodman, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Spencer

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Pearl Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)
Yes ☒ No ☐ WW#1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Joplin, Mo.
Mrs. Pearl Spencer, 2019 Delaware18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Cardiac Dilation

INTERVAL BETWEEN ONSET AND DEATH

20. min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cor Pulmanale

1 year

DUE TO (c) Bronchieactasis & Pulmonary Fibrosis

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary TB arrested & Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/62 to 4/17/63 and last saw him alive on 4/17/63
Death occurred at 7:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

J. K. Chilcave M.D.

22b. ADDRESS

408 West 4th St Joplin, Mo

22c. DATE SIGNED

4/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
4-22-196323c. NAME OF CEMETERY OR CREMATORY
Ozark Memorial Park Cem.23d. LOCATION (City, town, or county)
Joplin, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thornhill-Dillon Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

4-20-1963

26. REGISTRAR'S SIGNATURE

Dove Merriam

APR 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

David Dillon

Licensed Embalmer No. 3898

State P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.